

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: PF02049NA															
In re Application of	Dorenbosch, Jheroen																
Application Number	09/784,801	Filed 2/15/01															
For	A COMMUNICATION SYSTEM THAT PROVIDES ADJUSTABLE COMMUNICATION SERVICE AVAILABILITY TO SUBSCRIBERS																
Group Art Unit	2684	Examiner Corsaro, Nick															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/></td><td>One Month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two Months (37 CFR 1.17(a)(2))</td><td>\$ 410.00</td></tr><tr><td><input type="checkbox"/></td><td>Three Months (37 CFR 1.17(a)(3))</td><td>\$ 930.00</td></tr><tr><td><input type="checkbox"/></td><td>Four Months (37 CFR 1.17(a)(4))</td><td>\$ 1450.00</td></tr><tr><td><input type="checkbox"/></td><td>Five Months (37 CFR 1.17(a)(5))</td><td>\$ 1970.00</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117 Deposit Account Name: Motorola, Inc.</p> <p><input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 37,465)</p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____</p> <p><u>04/30/04</u> _____ Date Signature</p> <p>_____ Hisashi D. Watanabe Type or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted</p>			<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 410.00	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 930.00	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1450.00	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 1970.00
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